Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)	mpaign Statement			CALIFORNIA 2001/02 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 04/01/2018 through 06/30/2018	Date of election if applicable: (Month, Day, Year)		Page _1 of _118 For Official Use Only
1. Type of Recipient Committee: All	_	2. Type of Stateme	nt:	
Officeholder, Candidate Controlled Comm State Candidate Election Committee Recall (Also Complete Part 5.) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	•	Pre-election Statem Semi-annual Statem Termination Statem Amendment (Expla	nent ment nent in below)	☐ Quarterly Statement ☐ Special Odd-Year Report ☐ Supplemental Preelection Statement - Attach Form
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COYES on 10 - a Coalition of Teachers, Nurses, Seniors and AIDS Healthcare Foundation and ACCE Action STREET ADDRESS (NO P.O. BOX)		Treasurer(s) NAME OF TREASURER Beverly Grossman Palmer MAILING ADDRESS		
CITY STATE Los Angeles CA	ZIP CODE AREA CODE/PHONE 90024 (310)576-1233	CITY Los Angeles	STATE CA	ZIP CODE AREA CODE/P 90024 (310) 576-1233
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET (70024	NAME OF ASSISTANT TREASUR Fredric Woocher	ER, IF ANY	
CITY STATE	ZIP CODE AREA CODE/PHONE	MAILING ADDRESS		
OPTIONAL: FAX/E-MAIL ADDRESS (310) 319-0156 / bpalmer@strumwooch.com		CITY Los Angeles OPTIONAL: FAX/E-MAIL ADDRES	STATE CA SS	ZIP CODE AREA CODE/P 90024 (310) 576-1233
Executed on 01/31/2019 DATE DATE DATE SIGNAT Executed on 01/31/2019 By Michael SIGNAT By Christin By Michael SIGNAT By Christin	f perjury under the laws of the State of Calif Grossman Palmer SIGNATURE OF TREASURER OF Weinstein TURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATA LIVINGSTON	ornia that the foregoing is true an	OFFICER OF SPONSOR	
DATE Executed on 01/31/2019 Elena Po	SIGNATURE OF CONTROLLING OFFICEHOLDER	R, CANDIDATE, STATE MEASURE PROPONEN	Т	FPPC Form 460 (

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on_

DATE

By Elena Popp

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA FORM	460
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Page $\frac{2}{}$ of $\underline{}$

Officeholder or Candidate Controlle	ed Committee	6. Ballot Measure Co	ommittee			
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE				
		Expands Local Governments' A	authority to Enact l	Rent Control on l	Residential Prope	rty. Initiative Statute
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
		10	Statewide			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	Identify the controlling off	iceholder, cand	idate, or state	measure prop	onent, if any.
		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PR	OPONENT		
Related Committees Not Included in this S	Statement	Michael Weinstein				
not included in this statement that are controlled by you or contributions or to make expenditures on behalf of your car	are primarily formed to receive	OFFICE SOUGHT OR HELD			DISTRICT NO. II	ANY
COMMITTEE NAME	I.D.NUMBER	7. Primarily Formed which this committee is prima		List names	of officeholder(s	or candidate(s) Ffo
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	R CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)		NAME OF OFFICEHOLDER OR	R CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
CITY STATE Z	IP CODE AREA CODE/PHONE					OPPOSE
COMMITTEE NAME	I.D.NUMBER	NAME OF OFFICEHOLDER OR	R CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	R CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)						
CITY STATE Z	IP CODE AREA CODE/PHONE	Attac	ch continuation	sheets if nece	ssary	

COVER PA	AGE - PART 2
CALIFORNIA FORM	460

Page $\frac{3}{}$ of $\underline{}$

Officeholder or Candidate Controlled Committee		6	. Ballot Measure Co	mmittee			
NAME OF OFFICEHOLDER OR CANDIDATE	_		NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIC	N		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	TY STATE ZIP		Identify the controlling office	eholder, cand	idate, or state	measure prop	ponent, if any.
			NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PR	OPONENT		
Related Committees Not Included in this Sta	comont: List and a service as		Christina Livingston				
not included in this statement that are controlled by you or are contributions or to make expenditures on behalf of your candid	orimarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D.NUMBER	7.	Primarily Formed (List names	of officeholder(s) or candidate(s) Ffor
NAME OF TREASURED	OONTROLLED COMMITTEES		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT
CITY STATE ZIP C	ODE AREA CODE/PHONE						OPPOSE
COMMITTEE NAME	I.D.NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
							OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT
	☐ YES ☐ NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)							
OITV OTATE 7/0			Attacl	n continuation	sheets if nece	ssary	
CITY STATE ZIP C	ODE AREA CODE/PHONE						

COVER PA	GE - PART 2
CALIFORNIA FORM	460

Page -	4	of _	118
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Officeholder or Candidate Controlled Committee		6	. Ballot Measure Co	mmittee			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	DN		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET	T) CITY STATE ZIP		Identify the controlling office	ceholder, cand	idate, or state	measure prop	oonent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PF	ROPONENT		
Related Committees Not Included in the	nis Statement:		Elena Popp				
not included in this statement that are controlled by you contributions or to make expenditures on behalf of you	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D.NUMBER	7.	Primarily Formed (2 List names	of officeholder(s) or candidate(s) Ffo
NAME OF TREASURER	CONTROLLED COMMITTEES		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUC	HT OR HELD	SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.B	OX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUC	GHT OR HELD	SUPPORT
CITY STATE	ZIP CODE AREA CODE/PHONE						☐ OPPOSE
COMMITTEE NAME	I.D.NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUC	SHT OR HELD	SUPPORT
							OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
	YES NO						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.B	OX)						
OLTY	7/D 00DE ADEA 00DE/DUOLE		Attac	h continuation	sheets if nece	essary	
CITY STATE	ZIP CODE AREA CODE/PHONE						

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER 1399958

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$650,000.00	\$2,030,000.00	Contrar Electronic
2. Loans Received Schedule B, Line 7	\$0.00	\$0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$650,000.00	\$2,030,000.00	20. Contribution Received \$.00 \$.00
4. Nonmonetary Contributions Schedule C, Line 3	\$97,255.51	\$167,867.08	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$747,255.51	\$2,197,867.08	21. Expenditures Made \$.00 \$.00
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$668,072.85	\$2,179,641.44	Candidates
7. Loans Made Schedule H, Line 7	\$0.00	\$0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$668,072.85	\$2,179,641.44	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	(\$104,907.12)	\$48,362.76	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	\$97,255.51	\$167,867.08	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$660,421.24	\$2,395,871.28	
Current Cash Statement			l
12. Beginning Cash Balance Previous Summary Page, Line 16	\$43,441.41	To calculate Column B, add amounts in Column A to the	
13. Cash Receipts Column A, Line 3 above	\$650,000.00	corresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00	from Column B of your last report. Some amounts in	
15. Cash Payments Column A, Line 8 above	\$668,072.85	Column A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$25,368.56	figures that should be subtracted from previous	
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts	*	from Lines 2, 7, and 9 (if any).	*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.
18. Cash Equivalents See instructions on reverse	\$0.00	-	amoroni nom amounto reporteu in column b.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$48,362.76	-	FPPC Form 460 (June/01 FPPC Toll-Free Helpline: 866/ASK-FPPC

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Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE /	A
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Statement covers period

etary Contributions Received to whole dollars. from 04/01/2018		8	CALIFORNIA 460 FORM		
NS ON REVERSE			through	8	Page <u>6</u> of <u>118</u>
					I.D. Number
ition of Teachers, Nurses, Seniors and Renters for Affordable Housing,	Sponsored by AIDS	Healthcare Foundation and ACCE Ac	tion		1399958
FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DATE
AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$145,000.00	\$2,087,867.08	2018G: \$2,262,867.08
AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$130,000.00	\$2,087,867.08	2018G: \$2,262,867.08
AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$220,000.00	\$2,087,867.08	2018G: \$2,262,867.08
AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$45,000.00	\$2,087,867.08	2018G: \$2,262,867.08
American Federation of State County & Municipal Employees Local 3299 Issues PAC Sacramento, CA 95814 Committee ID: 1381381	☐ IND COM ☐ OTH ☐ PTY ☐ SCC		\$60,000.00	\$60,000.00	2018P: \$60,000.00
		SUBTOTA	<u>L</u>		
A Summary ceived this period - contributions of \$100 or more. Schedule A subtotals.)			6650,000.00	IND	ntributor Codes - Individual 1 - Recipient Committee (other than PTY or SCC)
ceived this period - unitemized contributions of less t	han \$100	_ \$	60.00		- Other
tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co	lumn A, Line 1	.)TOTAL	6650,000.00		- Political Party - Small Contributor Committee
	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664	Tontributions Received NS ON REVERSE tion of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 COM OTH PTY SCC AIDS Healthcare Foundation Los Angeles, CA 90028 COM OTH PTY SCC AIDS Healthcare Foundation Los Angeles, CA 90028 COM OTH PTY SCC AIDS Healthcare Foundation Los Angeles, CA 90028 COM OTH PTY SCC AIDS Healthcare Foundation Los Angeles, CA 90028 COM OTH PTY SCC AIDS Healthcare Foundation Los Angeles, CA 90028 COM OTH PTY SCC AIDS Healthcare Foundation Los Angeles, CA 90028 COM OTH PTY SCC AIDS Healthcare Foundation Los Angeles, CA 90028 COM OTH PTY SCC AIDS Healthcare Foundation Los Angeles, CA 90028 COM OTH PTY SCC AIDS Healthcare Foundation Los Angeles, CA 90028 COM OTH PTY SCC AIDS Healthcare Foundation Los Angeles, CA 90028 COM OTH PTY SCC AIDS Healthcare Foundation Los Angeles, CA 90028 COM OTH PTY SCC AIDS Healthcare Foundat	INS ON REVERSE tion of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Ac FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	tion of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE. Action FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR IF COMMITTEE, ALSO ENTER LD. NAMBER) IF AN INDIVIDUAL, ENTER PERIOD CODE OF CONTRIBUTOR IF COMMITTEE, ALSO ENTER LD. NAMBER) IND COMMITTEE, ALSO ENTER NAME OF BUSINESS! SI45,000.00	SON REVERSE SON REVERSE To whole dollars. Through

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

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CALIFORNIA FORM

Statement covers period

04/01/2018

SEE INSTRUCTION NAME OF FILER Yes on 10 - a Coali	NS ON REVERSE tion of Teachers, Nurses, Seniors and Renters for Affordable Housing,	through		Page 7 of 118 I.D. Number 1399958			
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
5/18/2018	California Nurses Association Oakland, CA 94612 Committee ID: 941597	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$50,000.00	\$50,000.00		2018P: \$50,000.00
	INTERMEDIARY California Nurses Assocation Initiative PAC Sacramento, CA 95814-4602	☐ IND☐ COM☐ OTH☐ PTY☐ SCC					
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC					
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC					
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC					
		·	SURTOTAL	\$650,000,00			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded to whole dollars

SCHEDULE	: B -	PAF	₹1.
CALIFORNIA	Λ	6	lacksquare

Statement covers period

Loans Received		τ	o whole dollars.		from04/01/2013	8	FORM	400
SEE INSTRUCTIONS ON REVERSE					through	018	Page _8	of <u>118</u>
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors a	nd Renters for Affordable Housing, S	Sponsored by AIDS H	lealthcare Foundati	on and ACCE Action	on		I.D. NUMBER 1399958	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				PAID				CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
☐ IND ☐ COM☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				FORGIVEN		% RATE		PER ELECTION**
☐ IND ☐ COM☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
☐IND ☐ COM☐OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED	
		SUBTOTALS			<u> </u>			
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loans	s less than \$100.)						(Enter (e) on Schedule E, Line 3)	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	O paid or forgiven.)	dule A.)					* Amounts forg another party a reported on Sci	iven or paid by Iso must be hedule A.
3. Net change this period. (Subtract Lin Enter the net here and on the Summary					Net (may be a neg	ative number)	** If required.	
*Contributor Codes IND-Individual COM-Recipient Committee (o	other than PTY or SCC)	OTH-Other PTY	-Political Party	SCC-Small Cor	ntributor Committee	FPPC	FPPC For	rm 460 (June/01) :: 866/ASK-FPPC

Schedule B - Part 2 Loan Guarantors

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE B - PART 2
Statement covers period	CALIFORNIA 460
from 04/01/2018	FORM 400
through <u>06/30/2018</u>	Page 9 of 118
	LD Number

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SEE	INSTRU	JCTIONS	ON	KEVI	EKSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Numbe 1399958

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	☐ IND ☐ COM		LENDER		CALENDAR YEAR	
	OTH PTY SCC		DATE		PER ELECTION (IF REQUIRED)	
			LENDER		CALENDAR YEAR	
	☐ IND ☐ COM					
	OTH PTY SCC		DATE		PER ELECTION (IF REQUIRED)	
			LENDER		CALENDAR YEAR	
	☐ IND ☐ COM					
	OTH PTY		DATE		PER ELECTION (IF REQUIRED)	
	scc					
	□IND		LENDER		CALENDAR YEAR	
	☐ COM ☐ OTH		DATE		PER ELECTION (IF REQUIRED)	
	☐ PTY ☐ SCC				(NEGONES)	
					Enter on	
			SUBTOTAL	-	Enter on Summary Page, Line 17 only	

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from <u>04/01/2018</u>	FORM TOO
through <u>06/30/2018</u>	Page <u>10</u> of <u>118</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

	T	I		I	T	CUMULATIVE TO	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1995 Committee ID: 1281664	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Press release distribution inv. #4958657	\$715.00	\$2,087,867.08	2018G: \$2,262,867.08
6/27/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1996 Committee ID: 1281664	IND COM OTH PTY SCC		Press release distribution inv. #4957930	\$1,345.00	\$2,087,867.08	2018G: \$2,262,867.08
4/4/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON493 Committee ID: 1281664	IND COM OTH PTY SCC		Staff Expenses	\$34.00	\$2,087,867.08	2018G: \$2,262,867.08
4/5/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON494 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$38.00	\$2,087,867.08	2018G: \$2,262,867.08
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL	\$97,255.51		

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.		*Contributor Codes
(Include all Schedule C subtotals.)	\$97,255.51	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$0.00	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	\$97,255.51	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>04/01/2018</u>	FORM TOO
through <u>06/30/2018</u>	Page 11 of 118

SEE	INSTR	UCT	IONS	ON RE	VER	SE
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Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)						
4/7/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON495 Committee ID: 1281664	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Staff expenses	\$65.00	\$2,087,867.08	2018G: \$2,262,867.08						
4/9/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON496 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Staff expenses	\$100.00	\$2,087,867.08	2018G: \$2,262,867.08						
4/11/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON497 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$70.00	\$2,087,867.08	2018G: \$2,262,867.08						
4/11/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON498 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$30.00	\$2,087,867.08	2018G: \$2,262,867.08						
Attach ad	ditional information on appropriately labeled	continuation	sheets.	Attach additional information on appropriately labeled continuation sheets. SUBTOTAL									

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>04/01/2018</u>	FORM TOU
through <u>06/30/2018</u>	Page <u>12</u> of <u>118</u>
	LD Number

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Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/12/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON499 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$40.00	\$2,087,867.08	2018G: \$2,262,867.08
4/13/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON500 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Staff expenses	\$25.00	\$2,087,867.08	2018G: \$2,262,867.08
4/15/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON501 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Technology	\$150.00	\$2,087,867.08	2018G: \$2,262,867.08
4/16/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON502 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Travel	\$164.99	\$2,087,867.08	2018G: \$2,262,867.08
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL			

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from04/01/2018	FORM TOO
through 06/30/2018	Page 13 of 118
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NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/17/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON503 Committee ID: 1281664	IND COM OTH PTY SCC		Staff Expenses	\$36.58	\$2,087,867.08	2018G: \$2,262,867.08
4/17/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON504 Committee ID: 1281664	IND COM OTH PTY SCC		Staff Expenses	\$17.91	\$2,087,867.08	2018G: \$2,262,867.08
4/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON505 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Staff Expenses	\$52.06	\$2,087,867.08	2018G: \$2,262,867.08
4/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON506 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Staff expenses	\$20.00	\$2,087,867.08	2018G: \$2,262,867.08
Attach add	ditional information on appropriately labeled	l continuation	sheets.	SUBTOTAL	•		

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from <u>04/01/2018</u>	FORM TOO
through $\underline{06/30/2018}$	Page <u>14</u> of <u>118</u>
	I.D. Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON507	IND COM OTH PTY SCC		Staff expenses	\$9.00	\$2,087,867.08	2018G: \$2,262,867.08
4/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON508 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Travel	\$24.50	\$2,087,867.08	2018G: \$2,262,867.08
4/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON509 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Travel	\$4.50	\$2,087,867.08	2018G: \$2,262,867.08
4/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON510 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$21.81	\$2,087,867.08	2018G: \$2,262,867.08
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL			
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Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
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	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>04/01/2018</u>	FORM TOU
through <u>06/30/2018</u>	Page <u>15</u> of <u>118</u>
	LD Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Numb 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON511 Committee ID: 1281664	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Staff expenses	\$22.65	\$2,087,867.08	2018G: \$2,262,867.08
4/2/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON512 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$48.15	\$2,087,867.08	2018G: \$2,262,867.08
4/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON513 Committee ID: 1281664	IND COM OTH PTY SCC		Technology	\$9.99	\$2,087,867.08	2018G: \$2,262,867.08
4/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON514 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$4.31	\$2,087,867.08	2018G: \$2,262,867.08
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL			

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from04/01/2018	FORM TOO
through $\underline{06/30/2018}$	Page 16 of 118

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEA (JAN 1 - DEC 3'	PER ELECTION TO DATE
4/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON515 Committee ID: 1281664	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Staff expenses	\$22.00	\$2,087,867.08	2018G: \$2,262,867.08
4/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON516 Committee ID: 1281664	IND COM OTH PTY SCC		Staff Expenses	\$200.00	\$2,087,867.08	2018G: \$2,262,867.08
4/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON517 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$20.00	\$2,087,867.08	2018G: \$2,262,867.08
4/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON518 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$164.25	\$2,087,867.08	2018G: \$2,262,867.08
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL			

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

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Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/1/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON519	□ IND □ COM ■ OTH □ PTY		Staff expenses	\$58.00	\$2,087,867.08	2018G: \$2,262,867.08
	Committee ID: 1281664	□scc					
5/1/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON520	IND COM OTH PTY		Travel	\$271.96	\$2,087,867.08	2018G: \$2,262,867.08
	Committee ID: 1281664	□ scc					
5/1/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON521	IND COM OTH PTY		Staff expenses	\$28.00	\$2,087,867.08	2018G: \$2,262,867.08
	Committee ID: 1281664	Scc					
5/2/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON522	□ IND □ COM ■ OTH		Staff expenses	\$55.00	\$2,087,867.08	2018G: \$2,262,867.08
	Committee ID: 1281664	T L PTY SCC					
Attach additional information on appropriately labeled continuation sheets. SUBTOTAL							

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from <u>04/01/2018</u>	FORM TOO
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Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/3/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON523 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$15.54	\$2,087,867.08	2018G: \$2,262,867.08
5/3/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON524 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Technology	\$48.00	\$2,087,867.08	2018G: \$2,262,867.08
5/4/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON525 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Staff expenses	\$9.36	\$2,087,867.08	2018G: \$2,262,867.08
5/4/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON526 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Travel	\$40.00	\$2,087,867.08	2018G: \$2,262,867.08
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL	•		

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual COM- Recipient Committee
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	(other than PTY or SCC)
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from <u>04/01/2018</u>	FORM TOO
through <u>06/30/2018</u>	Page 19 of 118
	I.D. Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/5/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON527 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$7.50	\$2,087,867.08	2018G: \$2,262,867.08
5/5/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON528 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Staff expenses	\$23.70	\$2,087,867.08	2018G: \$2,262,867.08
5/5/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON529 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Staff expenses	\$9.00	\$2,087,867.08	2018G: \$2,262,867.08
5/5/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON530 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$24.85	\$2,087,867.08	2018G: \$2,262,867.08
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL			

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
	COM- Recipient Committee
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	(other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period.	PTY - Political Party
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	SCC - Small Contributor Committee
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Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from04/01/2018	FORM 400
through <u>06/30/2018</u>	Page <u>20</u> of <u>118</u>
	LD Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Numb 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/5/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON531	IND COM OTH PTY		Staff expenses	\$12.64	\$2,087,867.08	2018G: \$2,262,867.08
	Committee ID: 1281664	□scc					
5/5/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON532	☐ IND☐ COM☐ OTH☐ PTY		Staff expenses	\$90.47	\$2,087,867.08	2018G: \$2,262,867.08
	Committee ID: 1281664						
5/6/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON533	☐ IND ☐ COM ☐ OTH ☐ PTY		Staff expenses	\$8.45	\$2,087,867.08	2018G: \$2,262,867.08
	Committee ID: 1281664	□ scc					
5/6/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON534	☐ IND ☐ COM ☐ OTH ☐ PTY		Staff expenses	\$25.29	\$2,087,867.08	2018G: \$2,262,867.08
	Committee ID: 1281664	□ scc					
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Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period CALIFORNIA FORM 04/01/2018 through $\frac{06/30/2018}{}$ Page <u>21</u> of <u>118</u>

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Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (CODE** OCCUPATION AND EMPLOYER DESCRIPTION OF GOODS OR SERVICES FAIR MARKET CALENDAR YEAR (JAN 1-DEC 31) DATE CALENDAR YEAR (JAN 1-DEC 31) D								
Los Angeles, CA 90028 Memo Reference: NON535 OOM OTH PTY SCC		ZIP CODE OF CONTRIBUTOR		OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER		FAIR MARKET	DATE CALENDAR YEAR	TO DATE
Los Angeles, CA 90028 Memo Reference: NON536 COM OTH PTY Committee ID: 1281664 SCC Staff expenses \$25.00 \$2,087,867.08 2018G: \$2,262,867.08 COM OTH PTY Committee ID: 1281664 SCC Staff expenses \$25.00 \$2,087,867.08 2018G: \$2,262,867.08 COM COM	5/6/2018	Los Angeles, CA 90028 Memo Reference: NON535	COM OTH PTY		Staff expenses	\$21.12	\$2,087,867.08	2018G: \$2,262,867.08
Los Angeles, CA 90028 Memo Reference: NON537 OTH	5/7/2018	Los Angeles, CA 90028 Memo Reference: NON536	COM OTH PTY		Staff expenses	\$210.00	\$2,087,867.08	2018G: \$2,262,867.08
Los Angeles, CA 90028 Memo Reference: NON538 Committee ID: 1281664	5/7/2018	Los Angeles, CA 90028 Memo Reference: NON537	COM OTH PTY		Staff expenses	\$25.00	\$2,087,867.08	2018G: \$2,262,867.08
Attach additional information on appropriately labeled continuation sheets.	5/7/2018	Los Angeles, CA 90028 Memo Reference: NON538	COM OTH PTY		Staff expenses	\$25.00	\$2,087,867.08	2018G: \$2,262,867.08
	Attach additional information on appropriately labeled continuation sheets.							

Schedule C Summary

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Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from04/01/2018	FORM TOU
through <u>06/30/2018</u>	Page <u>22</u> of <u>118</u>
	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/9/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON539 Committee ID: 1281664	IND COM OTH PTY SCC		Travel	\$15.00	\$2,087,867.08	2018G: \$2,262,867.08
5/9/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON540 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Travel	\$15.00	\$2,087,867.08	2018G: \$2,262,867.08
5/9/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON541 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Travel	\$355.96	\$2,087,867.08	2018G: \$2,262,867.08
5/10/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON542 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Staff expenses	\$19.00	\$2,087,867.08	2018G: \$2,262,867.08
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL			
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Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C	
Statement covers period	CALIFORNIA 160	
from <u>04/01/2018</u>	FORM 400	
through <u>06/30/2018</u>	Page 23 of 118	

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NAME	OF F	ILER				
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Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/12/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON543 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$65.23	\$2,087,867.08	2018G: \$2,262,867.08
5/12/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON544 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$20.63	\$2,087,867.08	2018G: \$2,262,867.08
5/12/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON545 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$31.00	\$2,087,867.08	2018G: \$2,262,867.08
5/12/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON546 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Travel	\$30.00	\$2,087,867.08	2018G: \$2,262,867.08
Attach additional information on appropriately labeled continuation sheets.							

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period, uniterained personatery contributions of less than \$400.	COM- Recipient Committee
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	(other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period.	PTY - Political Party
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>04/01/2018</u>	FORM 40U
through $\underline{06/30/2018}$	Page <u>24</u> of <u>118</u>
	I.D. Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Los Ange Memo Re	althcare Foundation seles, CA 90028 seference: NON547	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Staff expenses	\$24.00	\$2,087,867.08	2018G: \$2,262,867.08
Los Ange Memo Re	althcare Foundation bles, CA 90028 bference: NON548	IND COM OTH PTY SCC		Staff expenses	\$45.00	\$2,087,867.08	2018G: \$2,262,867.08
Los Ange Memo Re	althcare Foundation cles, CA 90028 cference: NON549	IND COM OTH PTY SCC		Demonstration Equipment	\$956.38	\$2,087,867.08	2018G: \$2,262,867.08
Los Ange Memo Re	althcare Foundation cles, CA 90028 cference: NON550 ce ID: 1281664	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Staff expenses	\$17.00	\$2,087,867.08	2018G: \$2,262,867.08
Attach additional information on appropriately labeled continuation sheets.							

Schedule	C Summary	/
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1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual COM- Recipient Committee
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	(other than PTY or SCC)
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>04/01/2018</u>	FORM TOO
through <u>06/30/2018</u>	Page <u>25</u> of <u>118</u>
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
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Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON551 Committee ID: 1281664	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Technology	\$9.99	\$2,087,867.08	2018G: \$2,262,867.08
5/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON552 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$33.90	\$2,087,867.08	2018G: \$2,262,867.08
5/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON553 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$50.00	\$2,087,867.08	2018G: \$2,262,867.08
5/24/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON554 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$70.00	\$2,087,867.08	2018G: \$2,262,867.08
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL			

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual COM- Recipient Committee
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	(other than PTY or SCC)
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee
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Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from04/01/2018	FORM 400
through <u>06/30/2018</u>	Page <u>26</u> of <u>118</u>
	LD Number

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NAME OF	FILER				
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Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON555 Committee ID: 1281664	IND COM OTH PTY SCC		Travel	\$317.72	\$2,087,867.08	2018G: \$2,262,867.08
5/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON556 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Travel	\$380.96	\$2,087,867.08	2018G: \$2,262,867.08
5/27/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON557 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Travel	\$239.98	\$2,087,867.08	2018G: \$2,262,867.08
5/27/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON558 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Travel	\$177.98	\$2,087,867.08	2018G: \$2,262,867.08
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL	<u> </u>		

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>04/01/2018</u>	FORM 400
through 06/30/2018	Page 27 of 118

SEE II	NSTR	UCT	IONS	ON RE	VER	SE
NAME	OF F	ILER				
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Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON559 Committee ID: 1281664	IND COM OTH PTY SCC		Travel	\$22.00	\$2,087,867.08	2018G: \$2,262,867.08
5/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON560 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Travel	\$22.00	\$2,087,867.08	2018G: \$2,262,867.08
5/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON561 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Staff expenses	\$7.93	\$2,087,867.08	2018G: \$2,262,867.08
5/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON562 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$6.50	\$2,087,867.08	2018G: \$2,262,867.08
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL	•		

Schedule	C Summary
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1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period CALIFORNIA FORM 04/01/2018 through $\frac{06/30/2018}{}$ Page <u>28</u> of <u>118</u>

SEE II	NSTR	UCT	IONS	ON RE	VER	SE
NAME	OF F	ILER				
* 7	10	~	11.1	C CD		-

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON563 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$20.24	\$2,087,867.08	2018G: \$2,262,867.08
5/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON564 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Travel	\$30.00	\$2,087,867.08	2018G: \$2,262,867.08
5/30/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON565 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Staff expenses	\$19.40	\$2,087,867.08	2018G: \$2,262,867.08
5/30/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON566 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Staff expenses	\$65.00	\$2,087,867.08	2018G: \$2,262,867.08
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL	•		

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from <u>04/01/2018</u>	FORM TOO
through <u>06/30/2018</u>	Page <u>29</u> of <u>118</u>

RUCTION	

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/31/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON567 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$125.00	\$2,087,867.08	2018G: \$2,262,867.08
4/10/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON569 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Technology	\$702.00	\$2,087,867.08	2018G: \$2,262,867.08
4/15/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON570 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Technology	\$39.95	\$2,087,867.08	2018G: \$2,262,867.08
4/15/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON571 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Staff expenses	\$21.99	\$2,087,867.08	2018G: \$2,262,867.08
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL	<u>.</u>		·
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Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>04/01/2018</u>	FORM 400
through $\underline{06/30/2018}$	Page <u>30</u> of <u>118</u>
	I.D. Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Numbe 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON572	IND COM OTH PTY SCC		Travel	\$440.96	\$2,087,867.08	2018G: \$2,262,867.08
4/19/2018	Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON573 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Travel	\$15.00	\$2,087,867.08	2018G: \$2,262,867.08
4/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON574 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Travel	\$15.00	\$2,087,867.08	2018G: \$2,262,867.08
4/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON575	IND COM OTH PTY SCC		Travel	\$376.96	\$2,087,867.08	2018G: \$2,262,867.08
	Committee ID: 1281664						
Attach ad	ditional information on appropriately labeled	d continuation	sheets.	SUBTOTAL			

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from04/01/2018	FORM 400
through <u>06/30/2018</u>	Page <u>31</u> of <u>118</u>
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NAME OF FILER
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Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON576	IND COM OTH PTY		Travel	\$15.00	\$2,087,867.08	2018G: \$2,262,867.08
	Committee ID: 1281664	□scc					
4/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON577	□ IND □ COM ■ OTH		Travel	\$15.00	\$2,087,867.08	2018G: \$2,262,867.08
	Committee ID: 1281664	☐ PTY☐ SCC					
4/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON578	☐ IND ☐ COM ■ OTH ☐ PTY		Travel	\$351.96	\$2,087,867.08	2018G: \$2,262,867.08
	Committee ID: 1281664	scc					
4/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON579	□ IND □ COM ■ OTH		Travel	\$15.00	\$2,087,867.08	2018G: \$2,262,867.08
	Committee ID: 1281664	PTY SCC					
Attach ad	ditional information on appropriately labele	d continuation	sheets	SUBTOTAL			

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual COM- Recipient Committee
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	(other than PTY or SCC)
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from <u>04/01/2018</u>	FORM TOO
through $\underline{06/30/2018}$	Page <u>32</u> of <u>118</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON580 Committee ID: 1281664	IND COM OTH PTY SCC		Travel	\$15.00	\$2,087,867.08	2018G: \$2,262,867.08
4/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON581	□ IND □ COM □ OTH □ PTY □ SCC		Travel	\$366.78	\$2,087,867.08	2018G: \$2,262,867.08
4/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Travel	(\$44.00)	\$2,087,867.08	2018G: \$2,262,867.08
4/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON583 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Travel	\$128.00	\$2,087,867.08	2018G: \$2,262,867.08
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL			

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual COM- Recipient Committee
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	(other than PTY or SCC)
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee
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Type or print in ink. Amounts may be rounded to whole dollars.

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Sta	tement covers period	CALIFOR	NIA 460
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throug	th 06/30/2018	Page 33	of 118

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Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON584 Committee ID: 1281664	IND COM OTH PTY SCC		Travel	\$217.89	\$2,087,867.08	2018G: \$2,262,867.08
4/22/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON585 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Travel	\$366.78	\$2,087,867.08	2018G: \$2,262,867.08
4/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON586 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$11.00	\$2,087,867.08	2018G: \$2,262,867.08
4/24/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON587 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Staff expenses	\$12.99	\$2,087,867.08	2018G: \$2,262,867.08
Attach add	Attach additional information on appropriately labeled continuation sheets. SUBTOTAL						

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
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3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
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through <u>06/30/2018</u>	Page <u>34</u> of <u>118</u>
	I.D. Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/24/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON588	IND COM OTH PTY SCC		Technology	\$192.33	\$2,087,867.08	2018G: \$2,262,867.08
4/24/2018	Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON589	□ IND □ COM □ OTH □ PTY □ SCC		Technology	\$57.67	\$2,087,867.08	2018G: \$2,262,867.08
	Committee ID: 1281664						
4/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON590 Committee ID: 1281664	IND COM OTH PTY SCC		Travel	\$351.96	\$2,087,867.08	2018G: \$2,262,867.08
4/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON591	□ IND □ COM ■ OTH □ PTY □ SCC		Staff expenses	\$84.14	\$2,087,867.08	2018G: \$2,262,867.08
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Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
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3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>04/01/2018</u>	FORM TOO
through 06/30/2018	Page 35 of 118

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Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/11/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON592 Committee ID: 1281664	IND COM OTH PTY SCC		Technology	\$1,141.56	\$2,087,867.08	2018G: \$2,262,867.08
6/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON593	□ IND □ COM □ OTH □ PTY □ SCC		Campaign printing & material	\$38.31	\$2,087,867.08	2018G: \$2,262,867.08
6/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON594 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Campaign printing & material	\$566.93	\$2,087,867.08	2018G: \$2,262,867.08
6/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON595 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Campaign printing & material	\$39.42	\$2,087,867.08	2018G: \$2,262,867.08
Attach additional information on appropriately labeled continuation sheets.							<u>'</u>

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>04/01/2018</u>	FORM TOU
through $\frac{06/30/2018}{}$	Page <u>36</u> of <u>118</u>
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Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON596 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Technology	\$75.00	\$2,087,867.08	2018G: \$2,262,867.08
6/18/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON597 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Technology	\$100.00	\$2,087,867.08	2018G: \$2,262,867.08
6/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON598 Committee ID: 1281664	IND COM OTH PTY SCC		Travel	\$1,718.04	\$2,087,867.08	2018G: \$2,262,867.08
6/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON599 Committee ID: 1281664	IND COM OTH PTY SCC		Campaign printing & material	\$53.23	\$2,087,867.08	2018G: \$2,262,867.08
Attach additional information on appropriately labeled continuation sheets.							

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period, uniterained personatery contributions of less than \$400.	COM- Recipient Committee
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	(other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period.	PTY - Political Party
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from <u>04/01/2018</u>	FORM TOO
through <u>06/30/2018</u>	Page <u>37</u> of <u>118</u>

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Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON600 Committee ID: 1281664	IND COM OTH PTY SCC		Printing and Material	\$154.20	\$2,087,867.08	2018G: \$2,262,867.08
4/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON601	□ IND □ COM □ OTH □ PTY □ SCC		Travel	\$351.96	\$2,087,867.08	2018G: \$2,262,867.08
6/1/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON602 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Staff expenses	\$28.97	\$2,087,867.08	2018G: \$2,262,867.08
6/3/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON603 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Technology	\$48.00	\$2,087,867.08	2018G: \$2,262,867.08
Attach ad	Attach additional information on appropriately labeled continuation sheets. SUBTOTAL						

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period, uniterained personatery contributions of less than \$400.	COM- Recipient Committee
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	(other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period.	PTY - Political Party
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	SCC - Small Contributor Committee

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Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from <u>04/01/2018</u>	FORM TOO
through <u>06/30/2018</u>	Page <u>38</u> of <u>118</u>
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NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/4/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON604 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Staff expenses	\$46.00	\$2,087,867.08	2018G: \$2,262,867.08
6/7/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON605 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$100.00	\$2,087,867.08	2018G: \$2,262,867.08
6/8/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON606 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Staff expenses	\$50.00	\$2,087,867.08	2018G: \$2,262,867.08
6/9/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON607 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$28.45	\$2,087,867.08	2018G: \$2,262,867.08
Attach add	Attach additional information on appropriately labeled continuation sheets. SUBTOTAL						

Schedule C Summary

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(Include all Schedule C subtotals.)	IND - Individual
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	SCHEDULE C
Statement covers period	CALIFORNIA 460
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through <u>06/30/2018</u>	Page 39 of 118
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NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

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Los Angeles, CA 90028 Memo Reference: NON608 OTH PTY SCC		ZIP CODE OF CONTRIBUTOR		OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER		FAIR MARKET	DATE CALENDAR YEAR	TO DATE
Los Angeles, CA 90028 Memo Reference: NON609 COM OTH PTY	6/12/2018	Los Angeles, CA 90028 Memo Reference: NON608	COM OTH PTY		Staff expenses	\$37.00	\$2,087,867.08	2018G: \$2,262,867.08
Los Angeles, CA 90028 Memo Reference: NON610 COM OTH PTY	6/14/2018	Los Angeles, CA 90028 Memo Reference: NON609	COM OTH PTY		Technology	\$100.00	\$2,087,867.08	2018G: \$2,262,867.08
Los Angeles, CA 90028 Memo Reference: NON611 Committee ID: 1281664 Los Angeles, CA 90028 OTH PTY SCC	6/19/2018	Los Angeles, CA 90028 Memo Reference: NON610	COM OTH PTY		Staff expenses	\$560.00	\$2,087,867.08	2018G: \$2,262,867.08
Attach additional information on appropriately labeled continuation sheets.	6/19/2018	Los Angeles, CA 90028 Memo Reference: NON611	COM OTH PTY		Travel	\$425.97	\$2,087,867.08	2018G: \$2,262,867.08
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Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual COM- Recipient Committee
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Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from04/01/2018	FORM TOO
through $\underline{06/30/2018}$	Page <u>40</u> of <u>118</u>
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NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON612 Committee ID: 1281664	IND COM OTH PTY SCC		Travel	\$355.96	\$2,087,867.08	2018G: \$2,262,867.08
6/19/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON613 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Technology	\$9.99	\$2,087,867.08	2018G: \$2,262,867.08
6/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON614 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Travel	\$263.80	\$2,087,867.08	2018G: \$2,262,867.08
6/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON615 Committee ID: 1281664	IND COM OTH PTY SCC		Travel	\$211.82	\$2,087,867.08	2018G: \$2,262,867.08
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Schedule C Summary

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(Include all Schedule C subtotals.)	IND - Individual
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	SCHEDULE C
Statement covers period	CALIFORNIA 460
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Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON616 Committee ID: 1281664	IND COM OTH PTY SCC		Travel	\$402.96	\$2,087,867.08	2018G: \$2,262,867.08
6/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON617 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Travel	\$47.00	\$2,087,867.08	2018G: \$2,262,867.08
6/20/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON618 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Staff expenses	\$18.96	\$2,087,867.08	2018G: \$2,262,867.08
6/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON619 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Transportation	\$1,875.00	\$2,087,867.08	2018G: \$2,262,867.08
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Schedule C Summary

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(Include all Schedule C subtotals.)	IND - Individual
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	SCHEDULE C
Statement covers period	CALIFORNIA 160
from04/01/2018	FORM TOO
through 06/30/2018	Page <u>42</u> of <u>118</u>

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Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON620 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$3.30	\$2,087,867.08	2018G: \$2,262,867.08
6/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON621	□ IND □ COM □ OTH □ PTY □ SCC		Staff expenses	\$32.00	\$2,087,867.08	2018G: \$2,262,867.08
6/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON622	□ IND □ COM ■ OTH □ PTY □ SCC		Staff expenses	\$28.00	\$2,087,867.08	2018G: \$2,262,867.08
6/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON623 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Staff expenses	\$13.88	\$2,087,867.08	2018G: \$2,262,867.08
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL			<u>'</u>

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
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	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>04/01/2018</u>	FORM 400
through <u>06/30/2018</u>	Page <u>43</u> of <u>118</u>
·	ID Number

SEE	INSTR	UCT	IONS	ON RE	VER:	SE
NAM	E OF F	ILER				
* 7	10	_	11.1	C CD	1	•

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

FULL NAME, STREET ADDRESS AND ZIP CODE of CONTRIBUTOR (PECHPON AND EMPLOYER (PECHPON OF CALENDAR YEAR) (PECHPON OF TO CALENDAR YEAR) (PECHPON OF TOO CALENDAR YEAR) (PECHPON OF								
Los Angeles, CA 90028 Memo Reference: NON624 OTH PTY SCC		ZIP CODE OF CONTRIBUTOR		OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER		FAIR MARKET	DATE CALENDAR YEAR	TO DATE
Los Angeles, CA 90028 Memo Reference: NON625 COM OTH PTY Committee ID: 1281664 SCC Printing \$223.54 \$2,087,867.08 2018G: \$2,262,867.08 COM OTH PTY Committee ID: 1281664 SCC SCC Staff expenses Staff expenses	6/22/2018	Los Angeles, CA 90028 Memo Reference: NON624	COM OTH PTY		Staff expenses	\$21.74	\$2,087,867.08	2018G: \$2,262,867.08
Los Angeles, CA 90028 Memo Reference: NON626 IND COM OTH PTY	6/22/2018	Los Angeles, CA 90028 Memo Reference: NON625	COM OTH PTY		Staff expenses	\$7.18	\$2,087,867.08	2018G: \$2,262,867.08
Los Angeles, CA 90028 Memo Reference: NON627 Committee ID: 1281664 Los Angeles, CA 90028 PTY COM PTY SCC	6/22/2018	Los Angeles, CA 90028 Memo Reference: NON626	COM OTH PTY		Printing	\$223.54	\$2,087,867.08	2018G: \$2,262,867.08
Attach additional information on appropriately labeled continuation sheets.	6/22/2018	Los Angeles, CA 90028 Memo Reference: NON627	COM OTH PTY		Staff expenses	\$18.39	\$2,087,867.08	2018G: \$2,262,867.08
	Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL	<u> </u>		

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from04/01/2018	FORM TOO
through <u>06/30/2018</u>	Page <u>44</u> of <u>118</u>
	ID N

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)								
6/22/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON628	IND COM OTH PTY		Staff expenses	\$7.21	\$2,087,867.08	2018G: \$2,262,867.08								
6/22/2018	Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON629	SCC IND COM OTH PTY		Travel	\$28.00	\$2,087,867.08	2018G: \$2,262,867.08								
6/22/2018	Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON630	SCC IND COM OTH PTY		Staff expenses	\$32.83	\$2,087,867.08	2018G: \$2,262,867.08								
6/23/2018	Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON631 Committee ID: 1281664	□ SCC □ IND □ COM □ OTH □ PTY □ SCC		Staff expenses	\$18.00	\$2,087,867.08	2018G: \$2,262,867.08								
Attach ad			sheets.	SUBTOTAL			Communic ID. 1201004								

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from <u>04/01/2018</u>	FORM TOO
through <u>06/30/2018</u>	Page <u>45</u> of <u>118</u>

SEE	INSTR	UCT	IONS	ON RE	VER:	SE
NAM	E OF F	ILER				
* 7	10	_	11.1	C CD	1	•

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/24/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON632 Committee ID: 1281664	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Staff expenses	\$30.23	\$2,087,867.08	2018G: \$2,262,867.08
6/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON633 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Staff expenses	\$7.96	\$2,087,867.08	2018G: \$2,262,867.08
6/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON634 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$72.00	\$2,087,867.08	2018G: \$2,262,867.08
6/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON635 Committee ID: 1281664	IND COM OTH PTY SCC		Electric Equipment	\$25.99	\$2,087,867.08	2018G: \$2,262,867.08
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL			1

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual COM- Recipient Committee
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	(other than PTY or SCC)
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from <u>04/01/2018</u>	FORM TOO
through <u>06/30/2018</u>	Page $\frac{46}{}$ of $\frac{118}{}$

SEE II	NSTR	UCT	IONS	ON RE	VER	SE
NAME	OF F	ILER				
* 7	10	~	11.1	C CD		-

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON636	IND COM OTH PTY SCC		Electric Equipment	\$224.99	\$2,087,867.08	2018G: \$2,262,867.08
6/26/2018	Committee ID: 1281664 AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON637 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Electric Equipment	\$3.89	\$2,087,867.08	2018G: \$2,262,867.08
6/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON638 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Staff expenses	\$30.38	\$2,087,867.08	2018G: \$2,262,867.08
6/27/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON639 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Staff expenses	\$1.00	\$2,087,867.08	2018G: \$2,262,867.08
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL	L		

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
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SEE II	NSTR	UCT	IONS	ON RE	VER	SE
NAME	OF F	ILER				
* 7	10	~	11.1	C CD		-

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON640	IND COM OTH PTY		Travel	\$177.98	\$2,087,867.08	2018G: \$2,262,867.08
	Committee ID: 1281664	□scc					
6/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON641	IND COM OTH PTY		Travel	\$177.98	\$2,087,867.08	2018G: \$2,262,867.08
	Committee ID: 1281664	□ scc					
6/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON642	IND COM OTH PTY		Staff expenses	\$7.00	\$2,087,867.08	2018G: \$2,262,867.08
	Committee ID: 1281664	□ scc					
6/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON643	IND COM OTH PTY		Staff expenses	\$6.00	\$2,087,867.08	2018G: \$2,262,867.08
	Committee ID: 1281664	scc					
Attach additional information on appropriately labeled continuation sheets. SUBTOTAL							

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Numbe 1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON644 Committee ID: 1281664	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Staff expenses	\$8.25	\$2,087,867.08	2018G: \$2,262,867.08
6/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON645 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Staff expenses	\$4.00	\$2,087,867.08	2018G: \$2,262,867.08
6/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON646 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Staff expenses	\$8.00	\$2,087,867.08	2018G: \$2,262,867.08
6/30/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON647 Committee ID: 1281664	IND COM OTH PTY SCC		Staff expenses	\$18.62	\$2,087,867.08	2018G: \$2,262,867.08
Attach additional information on appropriately labeled continuation sheets. SUBTOTAL							

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from04/01/2018	FORM 400
through <u>06/30/2018</u>	Page <u>49</u> of <u>118</u>
	LD Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Numbe 1399958

	CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	GOODS OR SERVICES	FAIR MARKET VALUE	DATE CALENDAR YEAR (JAN 1 - DEC 31)	TO DATE (IF REQUIRED)
IDS Healthcare Foundation os Angeles, CA 90028 emo Reference: NON648	IND COM OTH PTY		Staff expenses	\$173.00	\$2,087,867.08	2018G: \$2,262,867.08
IDS Healthcare Foundation os Angeles, CA 90028 emo Reference: NON649	☐ IND ☐ COM ☐ OTH ☐ PTY		Travel	\$196.34	\$2,087,867.08	2018G: \$2,262,867.08
IDS Healthcare Foundation os Angeles, CA 90028 emo Reference: NON650	☐ IND ☐ COM ☐ OTH ☐ PTY		Staff expenses	\$10.56	\$2,087,867.08	2018G: \$2,262,867.08
IDS Healthcare Foundation os Angeles, CA 90028 emo Reference: NON651	□ IND □ COM □ OTH □ PTY □ SCC		Travel	\$4.00	\$2,087,867.08	2018G: \$2,262,867.08
	emo Reference: NON648 Demmittee ID: 1281664 DS Healthcare Foundation and the same of the	emo Reference: NON648 emo Reference: NON648 committee ID: 1281664 DS Healthcare Foundation of Sangeles, CA 90028 emo Reference: NON649 committee ID: 1281664 DS Healthcare Foundation of Sangeles, CA 90028 emo Reference: NON650 committee ID: 1281664 DS Healthcare Foundation of Sangeles, CA 90028 emo Reference: NON650 committee ID: 1281664 DS Healthcare Foundation of Sangeles, CA 90028 emo Reference: NON651 committee ID: 1281664 committee ID: 1281664 committee ID: 1281664	emo Reference: NON648 committee ID: 1281664 DS Healthcare Foundation so Angeles, CA 90028 emo Reference: NON649 committee ID: 1281664 DS Healthcare Foundation so Angeles, CA 90028 emo Reference: NON650 committee ID: 1281664 DS Healthcare Foundation so Angeles, CA 90028 emo Reference: NON650 committee ID: 1281664 DS Healthcare Foundation so Angeles, CA 90028 emo Reference: NON651 committee ID: 1281664 DS Healthcare Foundation so Angeles, CA 90028 emo Reference: NON651 committee ID: 1281664	emo Reference: NON648 COM	emo Reference: NON648 COM	emo Reference: NON648 COM OTH PTY

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual COM- Recipient Committee
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	(other than PTY or SCC)
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee
	L

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>04/01/2018</u>	FORM TOO
through $\underline{06/30/2018}$	Page <u>50</u> of <u>118</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON652 Committee ID: 1281664	IND COM OTH PTY SCC		Travel	\$41.00	\$2,087,867.08	2018G: \$2,262,867.08
6/30/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON653 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Travel	\$28.00	\$2,087,867.08	2018G: \$2,262,867.08
6/30/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON654 Committee ID: 1281664	□ IND □ COM ■ OTH □ PTY □ SCC		Staff time	\$41,850.00	\$2,087,867.08	2018G: \$2,262,867.08
6/30/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON655 Committee ID: 1281664	□ IND □ COM □ OTH □ PTY □ SCC		Staff time	\$33,440.00	\$2,087,867.08	2018G: \$2,262,867.08
Attach add	ditional information on appropriately labeled	l continuation	sheets.	SUBTOTAL	\$97,255.51		

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE D
Statement covers period	CALIFORNIA A CO
from04/01/2018	FORM 400
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NAME OF FILER
Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

through 06/30/2018

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1399958

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/26/2018	Inglewood Residents for Secure Housing	Monetary Contribution Nonmonetary Contribution		\$10,000.00	\$10,000.00	
	■ Support	Independent Expenditure				
		Monetary Contribution				
		Nonmonetary Contribution				
	Support Oppose	Independent Expenditure				
		Monetary Contribution				
		Nonmonetary Contribution				
	Support Oppose	Independent Expenditure				
			SUBTOTAL	\$10,000.00		

Schedule D Summary

•	
1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$10,000.00
2. Unitemized contributions and independent expenditures made this period of under \$100	\$0.00
3 Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TO	TAI \$10,000,00

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
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on	I.D. NUMBER 1399958

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

1399936

CODES:	If one of the following	codes accurately	y describes the payment	, vou may er	nter the code.	Otherwise.	describe the pay	vment.
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CMP	campaign paraphernalia/misc.	MBR member communicatio	ns RAD	radio airtime and production costs	
CNS	campaign consultants	MTG meetings and appeara	nces RFD	returned contributions	
CTB	contribution (explain nonmonetary)*	OFC office expenses	SAL	campaign workers' salaries	
CVC	civic donations	PET petition circulating	TEL	t.v. or cable airtime and production co	sts
FIL	candidate filing/ballot fees	PHO phone banks	TRC	candidate travel, lodging, and meals	
FND	fundraising events	POL polling and survey rese	arch TRS	staff/spouse travel, lodging, and meal	S
IND	independent expenditure supporting/opposing others (explain)*	POS postage, delivery and r	nessenger services TSF	transfer between committees of the sa	ame candidate/sponsor
LEG	legal defense	PRO professional services (egal, accounting) VOT	voter registration	
LIT	campaign literature and mailings	PRT print ads	WEB	information technology costs (internet	t, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
The Monaco Group Santa Ana, CA 92705	PET		\$7,766.82
Delia Ayala Los Angeles, CA 90007		Translation services	\$225.00
Gabriela Garcia Los Angeles, CA 90007		Translation services	\$225.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$668,072.85
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$668,072.85

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

1.D. NUMBEI 1399958

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances		returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LIT		\$119.08
Inter	rn Monthly Stipend	\$1,212.90
Inter	rn monthly stipend	\$1,032.26
Inter	rn monthly stipend	\$800.00
Inter	rn monthly stipend	\$800.00
	LIT	

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from04/01/2018	FORM 400
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBE 1399958

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services		transfer between committees of the same candidate/sponso
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Ines Merello Gomez Llera Los Angeles, CA 90027		Translation services	\$120.00
Huibin Amee Chew Los Angeles, CA 90029	CNS		\$5,500.00
Huibin Amee Chew Los Angeles, CA 90029		Reimbursement of costs	\$151.61
AAP Holding Company, Inc. Westlake Village, CA 91361	PET		\$125,586.50
First Republic Bank Los Angeles, CA 90017	OFC		\$35.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
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CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
AAP Holding Company, Inc. Westlake Village, CA 91361	PET		\$129,899.50
First Republic Bank Los Angeles, CA 90017	OFC		\$35.00
Arielle Sallai Los Angeles, CA 90026	CNS		\$3,000.00
Community Partners for Los Angeles Black Worker Center Los Angeles, CA 90043	MTG		\$75.00
AAP Holding Company, Inc. Westlake Village, CA 91361	PET		\$216,892.00

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	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from04/01/2018	FORM 400
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	I.D. NUMBER

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
First Republic Bank Los Angeles, CA 90017	OFC		\$35.00
Strumwasser & Woocher LLP Los Angeles, CA 90024	PRO		\$4,730.71
Strumwasser & Woocher LLP Los Angeles, CA 90024	PRO		\$6,242.21
State of California Sacramento, CA 95814	FIL	Filing fee for proponents of Costa-Hawkins Initiative	\$2,000.00
Inglewood Residents for Secure Housing Los Angeles, CA 90017	СТВ		\$10,000.00
Committee ID: 1400876			

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Type or print in ink.

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	SCHEDULE E (CONT.)				
Statement covers period	CALIFORNIA 460				
from04/01/2018	FORM TOO				
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	NAME AND ADDRESS OF PAYEE OR CREDITOR			CODE	OR	DESCRIPTION OF	PAYMENT	AMOUNT PAID
LIT	campaign literature and mailings	PRT	print ads	30171303 (10	ogai, accounting)	_	information technology costs (interne	t, email)
LEG	legal defense	PRO	professional	services (le	egal, accounting)	VOT	voter registration	
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, deli	very and m	nessenger services	TSF	transfer between committees of the s	ame candidate/sponso
FND	fundraising events	POL	polling and s	urvey resea	arch	TRS	staff/spouse travel, lodging, and mea	ls
FIL	candidate filing/ballot fees	PHO	phone banks			TRC	candidate travel, lodging, and meals	
CVC	civic donations		petition circu				t.v. or cable airtime and production co	
СТВ	contribution (explain nonmonetary)*	OFC	office expens	ses			campaign workers' salaries	
	campaign consultants	MTG	meetings and	d appearan	ces		returned contributions	
CMP	campaign paraphernalia/misc.	MBR	member com	munication	ns	RAD	radio airtime and production costs	

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	DESCRIPTION OF PAYMENT	AMOUNT PAID
First Republic Bank Los Angeles, CA 90017	OFC		\$35.00
Abigail Willis Los Angeles, CA 90019		Intern monthly stipend	\$600.00
Aimee Ewell West Hills, CA 91307	CNS		\$2,725.00
Joseph Paz Dominguez Alhambra, CA 91803		Intern monthly stipend	\$400.00
SOPPAAC African American Cultural Center Los Angeles, CA 90043-1335	MTG		\$300.00

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	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
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NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

1.D. NUMBI 1399958

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Jacob Woocher Los Angeles, CA 90025		Intern monthly stipend	\$400.00
Aimee Ewell West Hills, CA 91307	CNS		\$4,162.50
Gloria Leonard Los Angeles, CA 90026		Translation services	\$150.00
Christen Suzette Hebrard Los Angeles, CA 90066	CNS		\$2,000.00
Huibin Amee Chew Los Angeles, CA 90029	CNS		\$5,500.00

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	SCHEDULE E (CONT.)
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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
Huibin Amee Chew Los Angeles, CA 90029		Reimbursement of costs	\$115.33
Anne Petrokubi Burbank, CA 91506	WEB		\$500.00
AAP Holding Company, Inc. Westlake Village, CA 91361	PET		\$30,540.75
Hso Hkam Venice, CA 90291	TEL	Video production	\$2,250.00
Hso Hkam Venice, CA 90291		Reimbursement of costs	\$119.40

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Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
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CNS	campaign paraphernalia/misc. campaign consultants	MTG m	nember communications neetings and appearances	RFD	radio airtime and production costs returned contributions
СТВ	contribution (explain nonmonetary)*	OFC of	ffice expenses	SAL	campaign workers' salaries
CVC	civic donations		etition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees		hone banks		candidate travel, lodging, and meals
	fundraising events		olling and survey research		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS po	ostage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO pi	rofessional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT pi	rint ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kristian James Castro Los Angeles, CA 90018		Intern monthly stipend	\$400.00
Arielle Sallai Los Angeles, CA 90026	CNS		\$3,000.00
Telegraph Oakland, CA 94612		Expenses	\$1,682.86
Telegraph Oakland, CA 94612	CNS		\$8,500.00
Agility Digital, Inc. South Jordan, UT 84095	WEB		\$2,000.00

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Type or print in ink.

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Statement covers period	CALIFORNIA ACO
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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (ex	(plain)* POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)
NAME AND ADDRESS OF DAVES OF S		

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID	
First Republic Bank Los Angeles, CA 90017	OFC		\$8.00	
Jacob Woocher Los Angeles, CA 90025		Intern Monthly	\$600.00	
Jacob Woocher Los Angeles, CA 90025		Intern Monthly	\$600.00	
Arielle Sallai Los Angeles, CA 90026	CNS		\$4,000.00	
Christen Suzette Hebrard Los Angeles, CA 90066	CNS		\$4,000.00	

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	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
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CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
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LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		R DESCRIPTION OF PAYMENT	AMOUNT PAID	
Aimee Ewell West Hills, CA 91307		Reimbursement	\$1,212.50	
Aimee Ewell West Hills, CA 91307	CNS		\$4,000.00	
California Democratic Party Sacramento, CA 95811	CVC	Exhibit Table and Virtual banner	\$1,450.00	
Committee ID: 741666				
Joseph Paz Dominguez Alhambra, CA 91803		Intern monthly	\$50.00	
Telegraph Oakland, CA 94612	CNS		\$8,500.00	

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	SCHEDULE E (CONT.)
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CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
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LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Telegraph Oakland, CA 94612		Expenses	\$1,752.92
David Binder Research San Francisco, CA 94102	POL		\$60,000.00
First Republic Bank Los Angeles, CA 90017	OFC		\$35.00

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SUBTOTAL \$668,072.85

Schedule F **Accrued Expenses (Unpaid Bills)**

Type or print in ink. Amounts may be rounded to whole dollars.

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1399958

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

(d) NAME AND ADDRESS OF CREDITOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR OUTSTANDING AMOUNT INCURRED AMOUNT PAID **OUTSTANDING DESCRIPTION OF PAYMENT** BALANCE BEGINNING THIS PERIOD THIS PERIOD BALANCE AT CLOSE

AAP Holding Company, Inc. PET \$125,586,50 \$0.00 \$125,586.50 \$0.00 Westlake Village, CA 91361 The Monaco Group PET \$7,766.82 \$0.00 \$7,766.82 \$0.00 Santa Ana, CA 92705 Delia Avala Translation services \$225.00 \$0.00 \$225.00 \$0.00

SUBTOTALS

OF THIS PERIOD

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Summary

Los Angeles, CA 90007

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.).....

May be a negative number.

OF THIS PERIOD

Type or print in ink.
Amounts may be rounded to whole dollars.

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CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)
*Payments that are contributions or independent expenditures must also be sur	nmarized on Schedule D.	

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Gabriela Garcia Los Angeles, CA 90007	Translation services	\$225.00	\$0.00	\$225.00	\$0.00	
The Line Printing Company Chula Vista, CA 91910	LIT	\$119.08 \$0.00		\$119.08	\$0.00	
Kristian James Castro Los Angeles, CA 90018	Intern Monthly Stipend	\$1,212.90	\$0.00	\$1,212.90	\$0.00	
Abigail Willis Los Angeles, CA 90019	Intern monthly stipend	\$1,032.26	\$0.00	\$1,032.26	\$0.00	

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CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
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IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)
*Paymonte that are contributions or indopendent expanditures must also be sur	marized on Schodule D	

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Joseph Paz Dominguez Alhambra, CA 91803	Intern monthly stipend	\$800.00	\$0.00	\$800.00	\$0.00
Jacob Woocher Los Angeles, CA 90025	Intern monthly stipend	\$800.00	\$0.00	\$800.00	\$0.00
Ines Merello Gomez Llera Los Angeles, CA 90027	Translation services	\$120.00	\$0.00	\$120.00	\$0.00
Huibin Amee Chew Los Angeles, CA 90029	CNS	\$5,500.00	\$0.00	\$5,500.00	\$0.00

Type or print in ink.
Amounts may be rounded to whole dollars.

		OOHLDOLL I (OON)
Statement covers period		CALIFORNIA 460
from _	04/01/2018	FORM 400
through	06/30/2018	Page <u>67</u> of <u>118</u>
		I.D. NUMBER

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

1399958

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs				
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions				
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries				
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs				
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals				
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals				
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor				
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration				
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)				
*Payments that are contributions or independent expenditures must also be sun	nmarized on Schedule D.	==				

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Huibin Amee Chew Los Angeles, CA 90029	Reimbursement of costs	\$151.61	\$0.00	\$151.61	\$0.00
State of California Sacramento, CA 95814	FIL Filing fee for proponents of Costa-Hawkins Initiative	\$2,000.00	\$0.00	\$2,000.00	\$0.00
Arielle Sallai Los Angeles, CA 90026	CNS	\$3,000.00	\$0.00	\$3,000.00	\$0.00
Strumwasser & Woocher LLP Los Angeles, CA 90024	PRO	\$4,730.71	\$0.00	\$4,730.71	\$0.00

Type or print in ink.
Amounts may be rounded to whole dollars.

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Statement covers period from04/01/2018		CALIFORNIA FORM	460
IIOIII _	01/01/2010		
througl	n 06/30/2018	Page <u>68</u>	of 118
		I.D. NUMBER	

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

1399958

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs				
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions				
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries				
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs				
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals				
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals				
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor				
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration				
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)				
*Payments that are contributions or independent expenditures must also be sun	nmarized on Schedule D.	==				

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Hso Hkam Venice, CA 90291	TEL Video production	\$0.00	\$1,500.00	\$0.00	\$1,500.00
Hso Hkam Venice, CA 90291	Reimbursement of costs	\$0.00	\$42.00	\$0.00	\$42.00
Jacob Woocher Los Angeles, CA 90025	Intern monthly stipend	\$0.00	\$800.00	\$0.00	\$800.00
Christen Suzette Hebrard Los Angeles, CA 90066	CNS	\$0.00	\$4,000.00	\$0.00	\$4,000.00

Type or print in ink.
Amounts may be rounded to whole dollars.

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Statement covers period		CALIFORNI FORM	A 160
from _	04/01/2018	FORM	700
throug	h 06/30/2018	Page <u>69</u>	of <u>118</u>
•		I.D. NUMBER	

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

1399958

CODES: If one of the following codes accurately describes	the payment, you may enter the code. Otherwise	e, describe the payment.
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)
*Payments that are contributions or independent expenditures must also be sur	nmarized on Schedule D.	

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
AAP Holding Company, Inc. Westlake Village, CA 91361	PET	\$0.00	\$8,582.50	\$0.00	\$8,582.50
Huibin Amee Chew Los Angeles, CA 90029	CNS	\$0.00	\$4,790.00	\$0.00	\$4,790.00
Arielle Sallai Los Angeles, CA 90026	CNS	\$0.00	\$4,000.00	\$0.00	\$4,000.00
Arielle Sallai Los Angeles, CA 90026	Reimbursement of costs	\$0.00	\$863.51	\$0.00	\$863.51

Type or print in ink.
Amounts may be rounded to whole dollars.

		OOTILDOLL T (OOT	· · · · /
Statement covers period		CALIFORNIA 460	
from _	04/01/2018	FORM 40	
throug	h 06/30/2018	Page <u>70</u> of <u>118</u>	_
		I.D. NUMBER	

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

1399958

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.					
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs			
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions			
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries			
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs			
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals			
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor			
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration			
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)			
*Payments that are contributions or independent expenditures must also be summarized on Schedule D.					

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Aimee Ewell West Hills, CA 91307	CNS	\$0.00	\$4,000.00	\$0.00	\$4,000.00
Aimee Ewell West Hills, CA 91307	Reimbursement of costs	\$0.00	\$753.57	\$0.00	\$753.57
Housing Long Beach Long Beach, CA 90813	PET	\$0.00	\$1,706.76	\$0.00	\$1,706.76
Change Research Berkeley, CA 94709	POL	\$0.00	\$8,000.00	\$0.00	\$8,000.00

Type or print in ink.

Amounts may be rounded to whole dollars.

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Statement covers period from $\frac{04/01/2018}{}$	CALIFORNIA 460	
through <u>06/30/2018</u>	Page <u>71</u> of <u>118</u>	
n	I.D. NUMBER 1399958	

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

\$153,269.88

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs				
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions				
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries				
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs				
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals				
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals				
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor				
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration				
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)				
*Payments that are contributions or independent expenditures must also be summarized on Schedule D.						

(d) OUTSTANDING (a) OUTSTANDING (b) AMOUNT INCURRED (c) AMOUNT PAID NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT **BALANCE BEGINNING** THIS PERIOD THIS PERIOD BALANCE AT CLOSE OF THIS PERIOD (ALSO REPORT ON E) OF THIS PERIOD Telegraph Oakland, CA 94612 \$8,500.00 CNS \$0.00 \$0.00 \$8,500.00 Press Print, Inc. CMP \$0.00 \$824.42 \$0.00 \$824.42 Banning, CA 92220

SUBTOTALS \$153,269.88

\$48,362.76

\$48,362.76

Schedule G Payments Made by an Agent or Independent **Contractor (on Behalf of This Committee)**

Schedule G	Type or print in ink.	SCHEDULE (
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from04/01/2018	CALIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVERSE		through <u>06/30/2018</u>	Page <u>72</u> of <u>118</u>	
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsor	ed by AIDS Healthcare Foundation and ACCE Act	ion	I.D. NUMBER 1399958	

NAME OF AGENT OR INDEPENDENT CONTRACTOR

ACCE Action

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
RS Bus Line Inc. Los Angeles, CA 90001		Bus Transportation	\$2,913.50
Eastshore Charter Lines Oakland, CA 94607		Bus Transportation	\$1,580.00
Eastshore Charter Lines Oakland, CA 94607		Bus Transportation	\$229.00
RS Bus Line Inc. Los Angeles, CA 90001		Bus Transportation	\$2,913.50

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

TOTAL* \$7636.00

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA ACO
from04/01/2018	FORM 400
through _06/30/2018	Page <u>73</u> of <u>118</u>
on	I.D. NUMBER 1399958

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

SEE INSTRUCTIONS ON REVERSE

NAME OF AGENT OR INDEPENDENT CONTRACTOR ACCE Action

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.							
CMP campaign parapherna	alia/misc.	MBR	member communications	RAD	radio airtime and production costs		
CNS campaign consultants	3	MTG	meetings and appearances	RFD	returned contributions		
CTB contribution (explain i	nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries		
CVC civic donations		PET	petition circulating	TEL	t.v. or cable airtime and production costs		
FIL candidate filing/ballot	fees	PHO	phone banks	TRC	candidate travel, lodging, and meals		
FND fundraising events		POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals		
IND independent expendit	ture supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor		
LEG legal defense		PRO	professional services (legal, accounting)	VOT	voter registration		
LIT campaign literature a	nd mailings	PRT	print ads	WEB	information technology costs (internet, email)		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.							

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Eastshore Charter Lines Oakland, CA 94607		Bus Transportation	\$1,640.00
Eastshore Charter Lines Oakland, CA 94607		Bus Transportation	\$336.35

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1976.35

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G Payments Made by an Agent or Independent **Contractor (on Behalf of This Committee)**

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA A CO
from04/01/2018	FORM 400
through <u>06/30/2018</u>	Page 74 of 118
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

1399958

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Housing Long Beach

	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.							
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs			
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions			
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries			
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs			
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals			
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals			
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor			
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration			
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)			
* Pavr	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.							

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Spinelli Graphics Los Alamitos, CA 90720	PET			\$1,706.76

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1706.76

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G Payments Made by an Agent or Independent **Contractor (on Behalf of This Committee)**

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA A CO
from04/01/2018	FORM 40U
through _06/30/2018	Page 75 of 118
n	I.D. NUMBER 1399958

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Poverty Matters

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.							
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs					
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions					
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries					
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs					
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals					
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals					
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor					
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration					
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.							

NAME AND ADDRESS OF PAYEE OR CREDITOR CODE DESCRIPTION OF PAYMENT

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AI	MOUNT PAID
Enterprise St. Louis, MO 63105	TRS			\$194.	86
Enterprise St. Louis, MO 63105	TRS			\$330.	9.92

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$525.78

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H – Loans Made to Others*

Type or print in ink. Amounts may be rounded

	SCHEDULE H
Statement covers period	CALIFORNIA 460
04/01/2018	FORM 40U

Loans Made to Others*			to whole dollars	S.	from <u>04/01/2</u>	018	FORM 460		
SEE INSTRUCTIONS ON REVERSE					through <u>06/30/2</u>	018	Page <u>76</u>	of <u>118</u>	
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action							I.D. NUMBER 1399958		
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
				PAID				CALENDAR YEAR	
				FORGIVEN		RATE		PER ELECTION**	
					DATE DUE		DATE INCURRED		
				PAID				CALENDAR YEAR	
				FORGIVEN		RATE %		PER ELECTION**	
					DATE DUE		DATE INCURRED		
Loans that are contributions to another candidate must also be summarized on Schedule D. Loans also be reported on Schedule E.		SUBTOTALS							
			I		ı	(Enter (e) on Schedule I, Line 3)			
Schedule H Summary									
Loans made this period Total Column (b) plus unitemized loans	less than \$100.)							** If Required	
Payments received on loans Total Column (c) plus unitemized paym									
3. Net change this period. (Subtract Line (Enter the net here and on the Summary	e 2 from Line 1.)y Page, Column A, Line 7.)				NET(May be a ne	gative number)			

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule I Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded

		SCHEDULE I
S	tatement covers period	CALIFORNIA 400
from	04/01/2018	CALIFORNIA 460

	to	o whole dollars.	from	04/01/2018	FORM 460
SEE INSTRUCTIONS ON REVERS	SE		through	06/30/2018	Page 77 of 118
IAME OF FILER	rs, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Health	ncare Foundation and ACC	E Action		I.D. NUMBER 1399958
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF	RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional info	ormation on appropriately labeled continuation sheets.	I		SUB	BTOTAL \$.00
Schedule I Summar					
. Increases to cash of \$	100 or more this period			\$.00	
2. Unitemized increases	to cash under \$100 this period			\$.00	
3. Total of all interest rec	eived this period on loans made to others. (Schedule H, Colu	ımn (e))		\$.00	
	creases to cash this period. (Add Lines 1, 2, and 3. Enter her		то	TAL <u>\$.00</u>	
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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: NON493			
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